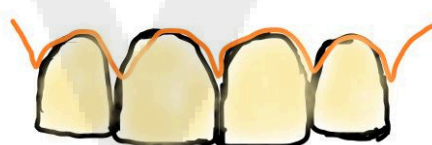
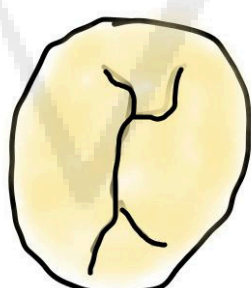


BLUE SET: CLUSTER 1

(CLINICAL INFORMATION GATHERING)

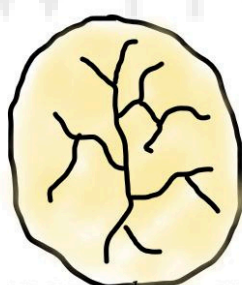
SYPHILIS CASE

Normal anatomy

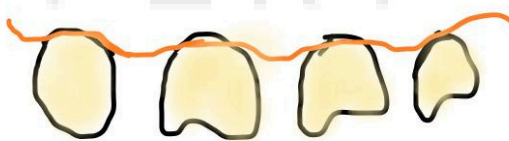


Triangular interdental papilla confined to the tooth neck because of good alignment of teeth.

Congenital syphilis



Several grooves and cusps on occlusal table - giving a shape of mulberry.



rounding of interdental papilla because of spacing and possible missing teeth

Ready to understand? Follow the steps!

1

Focusing on HOPC. Ask open ended questions to foster carer/ kinship carer

M/H



motor disabilities, hearing or eye difficulties. Any medication?

D/H



Brushing, flossing, supervision and toothpaste.

S/H



diet, water (bullying - only if hinted in the history)

2

Explain the congenital syphilis term by correlating to history & photos taken.

3

Focus on examination and investigations. Tell patient we need step wise approach for her management and providing the details of today's report to the authorities.

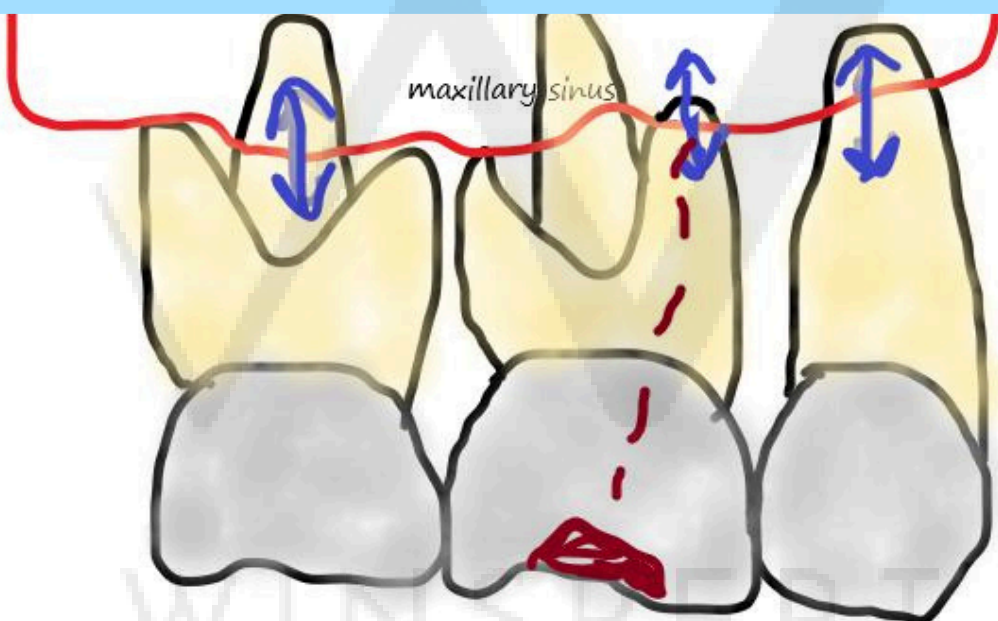
4

Investigations:

EO, IO - count no. Of teeth, probing, palpating, bitewings, OPG and diet chart



BLUE SET: CLUSTER 1 (CLINICAL INFORMATION GATHERING) SINUSITIS CASE



Ready to understand? Follow the steps!

1

Focusing on HOPC. Ask open ended question to Mr argenti and details of the pain experience.

M/H



**Cold/ Hay fever episodes
Ask about medications**

D/H



Previous dental visits and the treatment details.

M/H



Grinding related to stress experienced?

2

Correlation of history and X-rays with your probable diagnosis.

a.

Maxi sinusitis due to unresolved cold or allergy

b.

Maxillary sinusitis of endodontic origin.

3

Investigations:

Extraoral / Intraoral

Detailed check inside mouth, palapation, probing, PA X-ray, vitality(only if teeth around are not RCT treated), referral to GP for cold or allergy



BLUE SET: CLUSTER 2 (DIAGNOSIS AND MANAGEMENT) PEG LATERAL CASE

NORMAL TOOTH ANATOMY/ FORM



PEG LATERAL (FORM OF A MICRODONTIA)

Ready to understand? Follow the steps!

- 1 Exploring or understanding if patient really wants the change. If suspected case of abuse, extend support by ensuring a safe environment to open and extend helping hand. Any other concerns with the tooth? Understand expectations and hopes

Relevant History

M/H → Diazepam discussion

D/H → Understanding if patient has dental anxiety too

F/H → Similar appearance

S/H → Stress

2 Diagnosis

Peg lateral as a form of microdont.
Common cause genetic inheritance.

3 Management

Consideration of Patient's expectations

Non-invasive

- Composite filling (advantages and disadvantages)
- Lumineers (advantages and disadvantages)

Invasive

- Veneers. (advantages and disadvantages).
- Crowns (advantages and disadvantages).

Stress management - Support

- Providing detailed brochures on treatment options and stress management.



BLUE SET: CLUSTER 2 (DIAGNOSIS AND MANAGEMENT) PERIODONTALLY AFFECTED LATERAL INCISOR CASE

Ready to understand? Follow the steps!

1

Patient is keen on learning about the most suitable replacement option for her as she is a school teacher. As, her front tooth is very loose, as patient about any other periodontal issues and what are the expectations of patient in terms of replacement. Explanation of findings and reason for tooth to become wobbly.

2

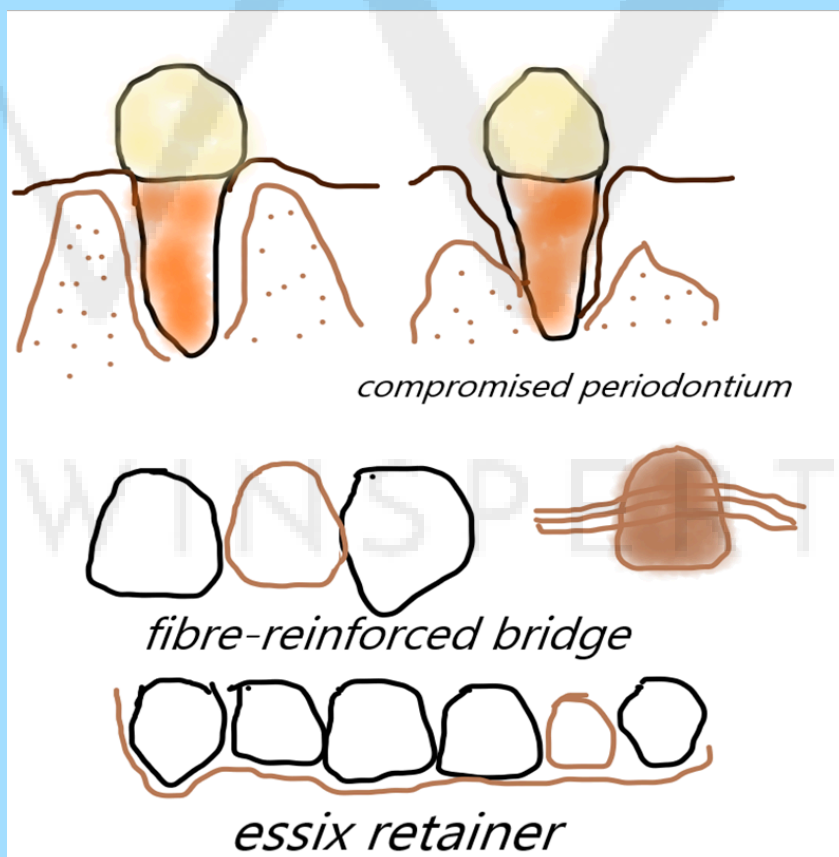
She is possibly negligent about periodontal health and is only worried if the rest of the teeth are at risk of fall. Explanation of risk factors which are present and it's correlation (which could be): Medical history, dental hygiene and visits, family history, smoking and stress (less).

3

Management

Immediate options of replacement: Fibre-reinforced bridge, essix retainer or immediate denture. (Advantages and disadvantages for each option).

Permanent options: Education on how these options would need managing the periodontal condition. Health promotion on the risk factors.



BLUE SET SET: CLUSTER 3 (CLINICAL TREATMENT AND EVALUATION) INCISORS AFFECTED BECAUSE OF SPORTS TRAUMA

Ready to understand? Follow the steps!

1

Keep the questionnaire only related to rule out concussion and broken piece of a tooth. The rest assure patient it could be managed and good she is here. GP evaluation after you are done explaining.

2

Explanation on palatal luxation and uncomplication fracture with the help of photo given.

Immediate management by splinting luxated tooth for 4 weeks and perform RCT after one week as the tooth would be more stable then, or wait for 4 weeks, take off the splint and then perform.

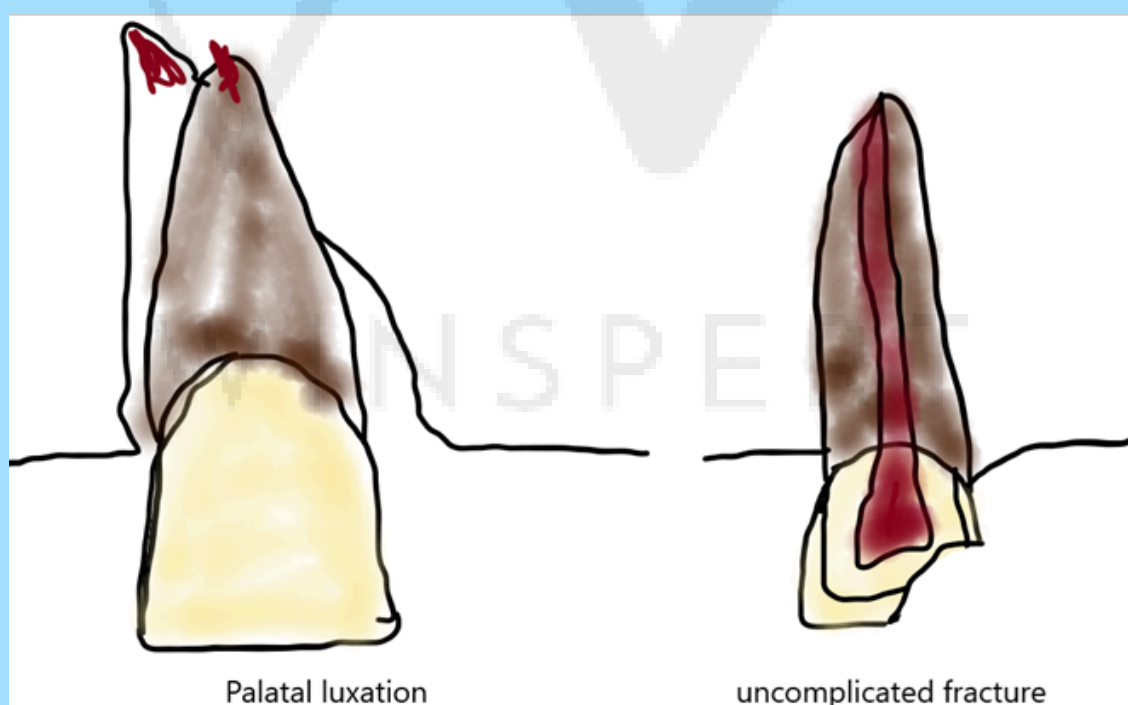
Fractured tooth restored with GIC for one week and replace with composite after bleeding is under control.

3

Importance of recalls as traumatised tooth can show signs of infection through mobility, discoloration, pimple on the gums or pus. Watch for these symptoms. Recall at 1, 2, 4, 6, 8 weeks followed by 6 months, and then yearly for 5 years. At each recall appointment I will myself look for these signs and perform tests that I did today. Xray will give me an indication of what is happening below the gums. (Infection affecting the bone or the tooth root – resorption or ankylosis).

4

Post-operative instructions – Soft diet, educate on mouthguard, optimal oral hygiene and use of mouthwash (chlorhexidine) only today if unable to perform oral hygiene.





BLUE SET: CLUSTER 3 (CLINICAL TREATMENT AND EVALUATION) PAIN AND SWELLING AFTER EXTRACTION

Ready to understand? Follow the steps!

1

Patient has come on a Friday afternoon and is allergic to penicillin, remember this for management. To begin with show empathy for the patient's situation and reassure you will be with throughout the process until she feels better. The next important step is to ask for the signs of severe features of swelling like extent of swelling to importance structures of face, neck swelling, trismus, inability to swallow or breathe properly. Then looking for systemic features like temperature above 38 degrees, sweating, pallor, heart palpitations. Have a careful look at the extraction socket and take PA x-ray.

Then relevant questions - regarding how did the tooth removal go and follow up with the instructions after that?

M/H → last blood test

D/H → any similar unhealed extractions before?

2

Managing the pain and swelling first.

- Mention about monojet flushing with sterile saline and review after 2-3days.
- If something appreciated on the x-ray, explaining the possible ways to remove, by you or experienced colleague or an oral surgeon.
- Referral to an oral surgeon from the beginning, possibility of longer waiting times and finances.
- Hospital reference because of severe features experienced overnight or any time.

Prescription of medications:

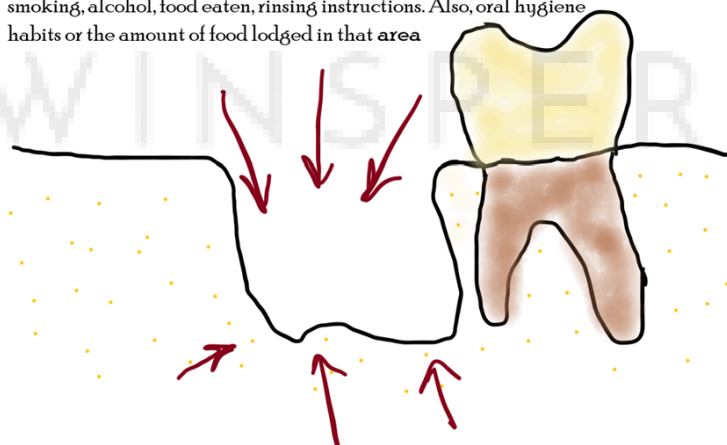
Antibiotics if the systemic features are positive:

- Clindamycin 300mg 8 hourly for 5 days.

Pain killer: I will prescribe you the same that I gave you after tooth removal.

- Ibuprofen 400 mg 3 times a day until 3 days.
Paracetamol 1000 mg 4 times a day until 3 days.

smoking, alcohol, food eaten, rinsing instructions. Also, oral hygiene habits or the amount of food lodged in that area



body's low immunity or healing potential is affected by underlying medical conditions